



ACKNOWLEDGEMENT OF RESPONSIBILITY and ASSUMPTION OF RISK FOR STUDY ABROAD PROGRAMS

(FIELD SCHOOLS, INTERNSHIPS, PRACTICUM PLACEMENTS)

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. READ IT CAREFULLY BEFORE SIGNING.
IF YOU DO NOT UNDERSTAND ITS CONTENTS, PLEASE SEEK LEGAL ADVICE.

VIU refers to Vancouver Island University, located at Nanaimo, British Columbia, Canada, and includes the Board of VIU, its employees and contractors, and any others acting on its behalf.

(Name of participant – please print) (Telephone) (Student Number)

(Address)

(Department offering the Study Abroad program & destination) (Program dates overseas)

IN SIGNING BELOW YOU AGREE TO BE BOUND BY THE TERMS OF THIS AGREEMENT AND REPRESENT THAT YOU HAVE READ AND UNDERSTOOD ITS TERMS BEFORE SIGNING.

Having completely read this agreement prior to signing it, I hereby accept placement in VIU's field school, internship or a practicum (Study Abroad) program and further agree as follows (each item after reading):

Agreement of Participation:

- I recognize that I am an ambassador of VIU and therefore expected to meet the standards of conduct as set out in VIU's Student Code of Conduct and Learning off Campus brochure, the content of which I have read and understood before signing: <http://www.viu.ca/educationabroad/resource.asp>. I will conduct myself in a responsible and respectful manner in both the classroom and off-campus locations in my host country. This respectful behaviour will extend to the cultures and communities in which I will travel and live.
- I UNDERSTAND THAT WORKER'S COMPENSATION BOARD (WCB) COVERAGE DOES NOT EXTEND TO ANY STUDY, WORK, INTERNSHIP, PRACTICUM OR VOLUNTEER PLACEMENTS DONE OUTSIDE OF B.C.**
- If VIU deems that I am in violation of any terms of this Agreement, I understand that VIU may in its sole discretion revoke my participation in the Study Abroad (SA) program. I understand and accept that should my participation be revoked (a) I will forfeit all monies paid to VIU and (b) if VIU incurs any expense in returning me or my possessions to Canada, I agree to pay VIU for these expenses.
- I will make every reasonable effort to successfully complete all work for courses in which I am enrolled in the SA program. I will advise VIU immediately if I am unable to continue to attend any part of the SA program.

Assumption of Risks:

- I have read Foreign Affairs' Canada Travel Report and the Traveler's Health CDC site for the countries pertinent to the SA program (<http://voyage.gc.ca> or <http://travel.gc.ca> / <http://wwwnc.cdc.gov/travel>).
- I understand I will be in unfamiliar surroundings and will be exposed to risks to my person and possessions. I understand I may suffer physical injury, sickness or death, or damage to my property as a result of my participation in the SA program, and that there is a possibility of violence and crime, civil unrest, homesickness and loneliness. I understand that the SA program involves the use of facilities and services provided by third parties and which are out of the control of VIU. I freely and voluntarily accept and assume all such risks, dangers and hazards and understand that VIU, despite its efforts, may not be able to ensure my complete safety at all times.

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Assumption of Responsibility:

- I am medically fit and do not suffer any disabilities, physical limitations, or physical, emotional or psychological conditions, other than those disclosed on the program application (self-assessment form).
- I will obtain vaccinations or preventative medications currently required by my physician and/or the Travel Clinic for travel into the countries pertinent to the SA program. I will take only those medicines or drugs which have been lawfully prescribed for me.
- I will maintain my enrollment in B.C. medical or equivalent. Emergency medical insurance is required for the duration of the overseas program and, if it is not included in SA program, I will purchase coverage before departure.
- I will take responsibility for any personal items I take overseas and will not hold VIU, its employees or agents responsible for any of my lost/damaged/stolen items.
- In the event that I suffer a loss to my person or property as a result of my participation in the SA program, I understand that a VIU representative will be obliged to complete an incident report for VIU 's internal purposes (the "Report"). I agree to cooperate in preparing the Report, including providing written statements if asked, and hereby waive any privacy rights in the preparation of the Report.
- I understand that Worker's Compensation Board coverage does not extend to work, internship, practicum or volunteer placement done outside of British Columbia.

Liability Waiver

- I understand that in participating in the SA program I am assuming all risk of loss related to or associated in any way with the SA program.
- I release and hold harmless VIU, its employees, students and agents from any and all liability for any loss, damage, injury or expense that I or others or my next of kin may suffer as a result of my participation in this SA program, including but not limited to, accidents, acts of God, war, civil unrest, sickness, transportation, scheduling, government restrictions or regulations, and any and all expenses I may incur while participating in the SA program.
- I understand this agreement cannot be modified except in writing by VIU and that no oral modification or interpretation shall be effective or binding. This agreement shall be binding upon my heirs, next of kin, executors, administrators and assigns.
- Any and all disputes related to the application or interpretation of this agreement shall be governed by the laws of the Province of British Columbia and I agree that the only appropriate forum for such a dispute are the courts of British Columbia.

I have read and understood this document and I acknowledge my responsibilities and the effect of this document. I am 19 years of age or older.

(Signature of Participant)

(Date)

WITNESSED ON BEHALF OF VIU BY: _____

If the above-named person is not of legal age (19 years), the following must also be completed.

I, _____, parent/guardian of _____
(Name -- please print) (Name -- please print)

(the "Minor") hereby, on behalf of the Minor and his/her heirs, executors, successors and assigns, agree to the terms of the foregoing Responsibility and Assumption of Risk.

(Signature)

(Relationship)

(Date)